

FORM NO. 5

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

W.H. N. B.

McCaw,

## (1) PLACE OF BIRTH

County of Abbeville

Township of .....

or

Inc. Town of M<sup>c</sup>Barnick

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

Registration District No. 101 Registered No. 2

(For use of Local Registrar)

St.; ..... Ward

(2) Full Name of Child Francis Alma Linkscale } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 4th (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 31 1918  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Gas. Frank Linkscale(9) PRESENT POSTOFFICE OF FATHER M<sup>c</sup>Barnick(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Abbeville County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Alma Skinner(15) PRESENT POSTOFFICE OF MOTHER M<sup>c</sup>Barnick(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Sumter Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. H. G. Henthorn(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 31 191..... (28) J. J. Henthorn Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

Local Registrar

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